

the 22 from delirium tremens, yield a total of 399 deaths caused directly by drunkenness; and these are few in comparison with the fatal cases of dropsy, of diseases of the nervous system, of the digestive organs, &c., caused indirectly by the abuse of intoxicating drinks.

The suicides amount to 67 for the fourteen years; an average of about 5 per annum, in a population which, for the greater part of the period, has been considerably over 100,000. These facts lend no support to the assertion of some European writers on medical statistics (Balby, Casper, Guerry, and Quetelet), that "suicide is much more frequent in the United States than elsewhere. Next comes England, then France," &c. In Baltimore, the average annual number of suicides is less than 1 in 20,000 of the population; in Philadelphia it is about 1 in 17,300; whereas, in Paris, it is no less than 1 in 3600; and, taking the whole of France, town and country together, it is 1 in 19,000.

The still-births amount to 3366, or about 8.03 per cent. of the aggregate mortality.

In conclusion, I would express the hope that the medical profession of Baltimore will interest themselves in securing the adoption, by the city authorities, of a system of registration more free from objection, and more fruitful of useful results, than that which has hitherto prevailed. In a State possessing but one large city, and in which the country districts are, in general, far from being densely populated, many years will probably elapse before the State Legislature shall be ready to organize a general and complete system of registration for the entire commonwealth. But nothing is wanting to secure the immediate adoption of such a system for the city of Baltimore, but a conviction on the part of the proper authorities that the present plan is defective, and that a better and more useful one might be carried into effect with but little or no increase of expense and trouble. Their common sense would teach them that, if it is worth while to have a registry at all, it is worth while to have a good one; and the Board of Health would doubtless cheerfully bear testimony with the rest of the profession that the present is *not a good one*.

ART. II.—*Extracts from the Records of the Boston Society for Medical Improvement.* By WM. W. MORLAND, Secretary.

April 8.—*Hydrometra.* Case reported by Dr. D. H. STORER.—The patient was a large and very fleshy woman, thirty-five years of age, and weighed about 230 pounds. In June, 1849, I saw her for the first time, and received the following history: that she had been married three times, and had borne five

children by her first husband, but none since. Previously to the last two years, she had suffered but little at her menstrual periods; but since then the pain at such times had been intense, and, not unfrequently, shreds of membrane had been expelled. The second night after her third marriage, about three months before the above date, she was attacked immediately after sexual intercourse with a profuse hæmoptysis; and this had repeatedly occurred upon any great effort, and generally during or immediately after connection. Had never raised blood before, never had suffered from pulmonary disease, and did not belong to a phthisical family.

For a few weeks past she had perceived a sensible swelling in the abdomen; thought herself to be pregnant, and insisted that she could distinguish the motions of the child, and that her sensations were precisely such as she had always experienced when in this situation. The catamenia, though diminished, occurred at each regular period. An examination of the abdomen was made through the dress, which, however unsatisfactory, determined me that she was not pregnant; and so I endeavoured to persuade her, but could not.

In January, more than six months after I first saw her, I was sent for, and found her in bed; complaining, as she expressed it, of all the symptoms which she formerly experienced, when pregnant, and anxiously expecting to be confined. Her abdomen was much distended; there was slight tenderness on deep pressure, and she still insisted that she felt the motions of the child. Upon examination of the abdomen, which was loaded with fat, I could detect no defined firm tumour; and I could hear no placental murmur, nor the sound of the fœtal heart. The areolæ were darker, she said, than they ever had been in her former pregnancies; and milk was secreted by the breasts. The catamenia had continued to occur regularly since June, though scanty, and with great distress. Upon examination per vaginam, I found the neck of the uterus not obliterated; the body was enlarged, and yielded upon pressure, as if no solid substance was contained within it. I again told her that she was not pregnant; gave her a drastic purgative, which operated freely, and visited her for a day or two, during which she became more comfortable.

On the 12th of March, supposing herself to be pregnant, I was again sent for. I found it was a menstrual period, and that while she was suffering severe pain, about a quart of orange-coloured fluid suddenly flowed from the uterus, and she supposed the membranes had broken. About two gallons of this fluid escaped during the following week; after which it ceased for a week; and then, during a day and night, a quantity passed, which it was supposed would fill an ordinary water-pail. For the last week (April 8th) there has been no flowing. A catamenial period is now present, and the pain she has suffered for two years is absent; she experiences no inconvenience, has diminished much in size, and weighs about thirty pounds less than she did a week ago.

April 22.—Asphyxia from Carbonic Acid Gas.—Dr. WM. T. PARKER. Dr. P. was called at 6 A. M. to two female servants, found asphyxiated in their

sleeping room; mother and daughter. The daughter was in bed; and quite dead, though her body was still warm and flexible. The mother was found crouched down in the corner of the room, most remote from the bed, and under a window; entirely unconscious, and pulseless; extremities cold, pupils dilated and sensible, jaws firmly locked, countenance livid, lips pale; the only sign of life being a slight impulse of the heart felt by the hand. Cold water was dashed on her face and breast immediately, and caused slight respiration. The jaws were forced open, and some rum poured into her mouth excited a cough, and power of deglutition. Large sinapisms were applied to the extremities, friction was used, and hot brandy and water with infusion of capsicum was administered. This treatment was continued with a prospect of success till 7 A. M., when the coldness seemed to increase, the respiration was less distinct, the trifling pulse which had begun to be felt was marked by subsultus, general spasms seemed to be commencing, and the abdomen, which was at first of natural size, became greatly swollen; not the least indication of consciousness had then appeared. Venesection $\bar{v}j$. The blood seemed very fluid, and respiration became more free, but symptoms of sinking made it necessary to tie up the arm. A stimulating enema was now given, causing free vomiting with easier respiration, and a thorough alvine evacuation. The sinapisms were renewed, and cold water freely poured on the head. This treatment was continued perseveringly for three hours, the least relaxation of effort causing a return of bad symptoms. At 9½ A. M. the pupils gave indications of sensibility, and the pulse could be felt. At 10 o'clock, she could hear, the swelling of the abdomen was gone, and respiration was regular. At 12 o'clock, she recognized persons, and during the day she gradually recovered.

The cause of this accident was carbonic acid gas, which escaped from a joint in a furnace flue, which passed through their room (a basement) to the chimney; their bed being directly under the leak, so that the gas was poured directly upon the two women, as water would have been from a spout. The daughter was found turned upon her face, which was very dark from the settling of the blood. Copious epistaxis had occurred, and the bladder had been evacuated; there was no protrusion of the tongue, but a slight contraction of the brow, and post-mortem rigidity soon became strongly marked.

They went to bed at 9 P. M., and the mother remembers that, soon afterwards, her daughter complained of headache, and "a smell of gas," and that she rose and closed the door.

May 13.—*Excision of the Horizontal part of the Lower Jaw for Malignant Disease.* Reported by Dr. J. MASON WARREN.—The patient was a healthy boy, fifteen years old, with no hereditary tendency to malignant disease, so far as could be ascertained. Two years and a half since, a small red fungous

tumour made its appearance between the middle incisor teeth of lower jaw. This tumour gradually increased, separating the teeth, and finally involved the whole depth of the bone. At the time of the operation the lip was much pressed outwards, and the cavity of the mouth so encroached upon as materially to embarrass the speech and prevent mastication.

The disease was removed by making an incision through the lip in the median line, and extending it as far as the os hyoides. The soft parts being dissected from the bone, this was partly sawed through by means of a metacarpal saw, the second bicuspid tooth on either side being removed. The incision through the bone was completed with cutting forceps.

Before separating the attachments between the jaw and the tongue, a ligature was passed through the mucous membrane at the base of that organ, in order to prevent retraction, an accident that Dr. W. had seen happen in an operation similar to the present, the patient being saved from suffocation by the surgeon thrusting his finger down the throat, hooking up the tongue, and securing it by a ligature.

In the present instance, there was no disposition in the tongue to retract, but, for the sake of precaution, the ligature was passed through the wound, and formed one of the sutures which confined the edges of the lip when they were approximated.

The portions of jaw removed show the whole bony structure much expanded and enlarged. On the alveolar edge one bicuspid tooth remained on each side. On the left side two incisors. The right incisor teeth had disappeared. The right cuspidatus was found deeply buried in the jaw, lying diagonally across the root of the bicuspid nerve, having come to the surface. From the expansion of the jaw by the disease, nearly two inches existed between the bicuspid tooth of the right side and the incisor of the left.

A small portion of the expanded shell of the bone being cut away from the internal face of the jaw, exposed a fungoid mass filling the interior. This, on being submitted to microscopic examination, presented well-marked cancer-cells.

The disease was limited by the bone, the soft parts in the vicinity exhibiting no marks of disease.*

May 27.—Imperforate Anus in a Pig. Opening from the Rectum into the Urethra.—Dr. JACKSON exhibited the specimen sent to the Society by Dr. Wm. J. Burnett, with the following history. The subject was a male, one of a litter of eight or ten, and was killed when twenty-six days old, having suffered no inconvenience from the malformation, so far as was known. The

* This patient left the hospital two weeks after the operation, quite well. The lateral portions of jaw had been but little drawn together, and could be approximated with the upper jaw so as to allow of the mastication of moderately hard substances.

parts having been removed by Dr. B., there is seen to be no appearance of anus, and the rectum, moderately enlarged, terminates near the surface in a cul-de-sac. The intestine having been inflated and tied, the urethra was cut open; and between one and two inches from the bladder the opening from the rectum is seen, perfectly well marked upon the urethral surface, and yet so small beneath it that the air could not readily be forced through. Externally, the communication appeared as a short, dense, rounded cord, half an inch or more from the extremity of the intestine.

One of the other pigs in the same litter had been killed four days before, having the anus imperforate, and the abdomen somewhat distended, though otherwise it appeared well; no examination was made of the urethra. The rest were well-formed. In a former litter, however, one of the number was reported to have had a common outlet for the rectum and vagina; showing the same tendency to the reproduction of monstrosities at different births that is often seen in the human subject.

Dr. J. alluded to an observation that he had made in the printed catalogue of the Society's Cabinet, that in every one of six cases of imperforate anus in the male (human) subject that he had examined, an opening had been found from the rectum into the urethra; also to a case of Dr. York's, of which he published an account last April in the *Boston Med. and Surg. Journal*, and in which, after an operation by Dr. Y., the child lived eighteen months, the feces passing altogether through the opening into the urethra for the last two months.

May 27.—Enchondroma of first phalanx of Middle Finger.—Dr. J. MASON WARREN exhibited a cast of the hand, and showed the tumour. The subject of the disease was a little girl thirteen years old. When two years of age, a small hard swelling appeared on the inner side of the first phalanx of middle finger. This slowly increased, producing no inconvenience except from its size, which more or less interfered with the motion of the hand.

At the time of the operation the tumour was the size of a small apple, involving the whole bone of the first phalanx and part of the second. The finger was forced out of its place and lay diagonally across the little or ring finger. A small tumour of similar description occupied the lower phalanx of the forefinger, and one also, a still smaller one, on the ring finger, lying under and concealed by the larger tumour.

The finger was easily removed. The head of the metacarpal bone sawed off to allow of the necessary approximation of the edges of the wound. A section of the excised part shows a uniform appearance like the interior of a ripe apple. The periphery was somewhat elastic, like the more delicate layer of bone or cartilage. A few spiculæ of bone were interspersed through the interior. The shaft of the bone had disappeared. The metacarpal extremity remained.

May 27.—Erysipelas following Vaccination.—This complication does not seem to have been observed here before the present season as a grave form of disease. Of late, however, cases have multiplied to such an extent, and the result has been so often fatal, that many members of the society have refused to vaccinate except when it has been absolutely necessary, and have almost wholly given up re-vaccination. Erysipelas, as appears by our records, has been quite prevalent during the past winter and spring; and small-pox was probably never known to exist here as it has during this same period. The following cases were reported:—

I. Case reported by Dr. J. B. S. JACKSON.—An infant six months old was subject to intertrigo. The vaccine vesicle was rather imperfect; and on the seventh day erysipelas appeared in its neighbourhood, gradually extending over the whole extremity, and somewhat to the trunk, but not to the head. Slight vesication followed, and an abscess threatened in the hand; one actually forming in the axilla. The constitutional symptoms were, for a time, quite severe, but the child recovered in about a month.

In common erysipelas, the same part is not often affected a second time, but here there was a recurrence of the inflammation not only once but twice after it had fairly subsided.

II. Case also reported by Dr. JACKSON.—An old man of rather bad habits having been revaccinated, the whole forearm became erysipelatous with some vesication, but in a few days was quite well.

III. Case reported by Dr. CABOT.—This being a case rather of diffuse cellular inflammation than common erysipelas. The patient was a gentleman, sixty-nine years of age, who, having been exposed to varioloid, was revaccinated in two places on the 3d of April. On the second day, two vesicles had formed about the size of a small pin's head, and there was pain in the axilla, with pain and soreness under the pectoral muscle. On the third day, the vesicles had become larger and pustular, and an areola had formed. This last extended up and down the arm, and when it got to some distance from the points of vaccination, assumed the character of a deep erysipelas; the pain during this time being chiefly under the pectoral muscles. In about two weeks the inflammation had extended to the hand, and in the course of the third week an opening was made about the elbow, from which a considerable quantity of sero-purulent fluid was discharged; the back of the hand being opened down to the fascia a few days afterwards. From the shoulder the erysipelas extended over the whole back, down the right arm to the elbow, and somewhat over the abdomen from each side; also across the front of the chest, nearly to the right shoulder. The whole duration of the erysipelas in an active form was about seven or eight weeks; neither the head nor lower extremities were affected; the areola about the vaccine points subsided, but subsequently this surface was attacked with the disease. The suppuration about the left shoulder and down the upper extremity has been very exten-

sive; the pectoral muscle was separated from the parietes of the chest, and the skin of the forearm was so detracted from the subjacent parts that fluids thrown in at the elbow would pass out at the back of the hand; very numerous openings have been made about the elbow and shoulder for the discharge of pus. For about two months the patient was confined to his bed, but for the last six or eight weeks he has been fairly convalescent, so that for some time past he has been able to ride out daily. The prostration was not so great as would have been expected in such a case; the pulse not rising above ninety during the active stage of the inflammation; there was, however, some delirium, with chills, headache and pain in the back. No suppuration occurred, except in the parts above alluded to. Amongst the remedies used in this case, the application to the surface of the tincture of iodine seemed to be beneficial, and, still more, the injection into the cavities of this same substance; at first largely diluted with water, but afterwards increased in strength to the proportion of equal parts; the filling up of the cavity in the forearm and the restorative process altogether being much accelerated under this treatment, and without any unpleasant consequences. This treatment was adopted at the suggestion of Dr. S. Parkman.

IV. Case reported by Dr. J. BIGELOW.—The patient was a gentleman, about thirty years of age, and having been exposed to the small-pox, was revaccinated with several others, from the same virus. Two days afterwards, an erysipelatous spot, of the size of a dollar, was discovered around the point of vaccination. This spread rapidly in every direction, and at the end of five days, had occupied the whole arm from the shoulder to the elbow. At this time, several dark spots appeared upon the inside of the arm, which in two days were perfectly gangrenous, so that an incision was made five inches in length, without pain. The slough was apparently confined to the skin and cellular substance, inasmuch as the muscular power was at no time lost. Meanwhile the pulse was quick, and the skin hot, with prostration, headache and delirium. In another week, the erysipelas had extended to the whole trunk, half way down the thighs, and to the wrist of the affected arm; the patient being much of the time delirious, or somnolent, and with a pulse of 120. During the third week, the symptoms were generally aggravated, and the cerebral affection increased; there was also a retention of urine, and the catheter was required for a fortnight. During this time, however, the slough gradually separated, leaving a large, deep ulcer. The patient became convalescent at the end of a month, and slowly recovered; the ulcer requiring another month or more to cicatrize. No other slough formed, excepting two small ones upon the lower part of the back. No other person, who was vaccinated with the same virus, had any unusual symptoms; but a lady of the family, about seven weeks after the vaccination, was attacked with inflammation of the fauces, and tonsils, followed by prostration and delirium, and died in a week; during her sickness, a livid spot, about two inches in

diameter, appeared over the upper part of the sternum, but this disappeared before death.

V. This was a case, also reported by Dr. BIGELOW, that occurred soon afterwards. A healthy child, about five months old was vaccinated, and the vesicle went on well till the eighth day, when matter was taken with which three others were vaccinated. On the ninth day, the arm became erysipelatous, the inflammation rapidly spreading over the whole trunk; and the child died in a few days. All of the patients inoculated from this arm had a perfect vesicle, and without any anomalous symptom.

These two cases were considered by Dr. Bigelow, as conclusive against the transmission of erysipelas by vaccination.

VI. Case reported by Dr. HOMANS.—The patient was a healthy infant, about three weeks old. On the eighth day, the vesicle appeared well, and matter was taken with which other children were vaccinated, the result being in every case successful. On the tenth day, erysipelas appeared below the elbow, and extended into the axilla; the swelling and redness were very defined, and the inflammation spread rather more rapidly than is usual in the adult. Vomiting and diarrhoea came on, and lasted for some days; and the pulse was too quick to be counted. The head and abdomen then became affected, and on the ninth day from the invasion of the disease, the scrotum and penis were greatly swollen; these last were punctured with much relief, but a deep sloughing of the scrotum took place, one and a half inches in diameter, and nearly exposing the testicles. The extremities were next affected, but in the meantime the child began to improve, and the pulse had fallen to 120. On the subsidence of the disease, abscesses formed upon the body and limbs beneath the surface, and about the left hip, one that was quite large and deep. This last, is the only one that now remains open, and the child is fairly convalescent, after a sickness of about three months.

Dr. Homans also alluded to the case of two lads, in whom the erysipelas was followed by extensive suppuration in the axilla; one of them having been vaccinated, and the other re-vaccinated.

VII. Dr. PUTNAM reported a case, in which erysipelas attacked the scalp on the fourth day after vaccination; the patient was a healthy infant, and the inflammation never extended beyond the part first affected; there was little constitutional affection, and the duration of the disease was about a week.

VIII. Dr. CHANNING mentioned a case of erysipelas, after vaccination, in which the shoulder, axilla and pectoral muscle were involved. Obscure disease within the chest, carried off the child. There was no vesication from the erysipelas. The scar of vaccination was morbid. Dr. C. had noticed several such cases, in which the vaccine disease was irregular and unnatural in its course and appearances. He declines vaccinating, and especially re-vaccinating.

It appears from the records of the Society that a fatal case of erysipelas,

following re-vaccination, was reported by the late Dr. Greene, as having occurred in January, 1846. The patient, a gentleman sixty-six years of age, had been vaccinated twenty years before, and re-vaccinated, though without success, two or three times since. On Friday, the day after the re-vaccination by Dr. G., he was seized with chills, nausea and a sense of general uneasiness; and, at the same time, inflammation commenced in the arm, attended with heat, redness, and pain. He slept none on the following night, and on the next night was attacked with vomiting and purging. The symptoms from this time did not become materially worse, however, till the following Wednesday, when he complained of pain just below the elbow; and on Thursday, a small patch of erysipelas was discovered at this point, which gradually extended over the arm and chest of the affected side, the infiltration of the cellular tissue, keeping about two inches ahead of the redness. He died at ten on Friday evening, a little more than eight days from the time of re-vaccination, the erysipelas having extended to within two inches of the sternum.

In regard to the quality of the matter introduced, Dr. G. remarked that it was taken on the eighth day from a perfectly formed vesicle on the arm of a perfectly healthy infant, born of healthy parents; that one of his own children had been re-vaccinated with the same matter, and also another person, in both of which cases, the symptoms and appearances were slight. Dr. Greene alluded to several other cases, in which unusual redness and pain had followed re-vaccination, but which differed in appearance from erysipelas. Dr. Warren stated at that time that he had seen one case of erysipelas following chicken-pox.

May 27.—Labour, with almost complete closure of the Vagina. Case reported by Dr. PUTNAM.—A healthy woman, aged thirty, was married at seventeen, never having menstruated. Two years after marriage had a swelling in the vagina, which was punctured by a surgeon, and a quantity of tarry-looking fluid discharged.

About two years ago, a large "lump" formed in the abdomen, causing an enlargement as at the sixth month of pregnancy. There were also headache, constant flush of the face, and dysuria. This enlargement had lasted six months, when she began to discharge from the vagina a thick, dark-coloured fluid resembling that evacuated ten years before. Within a week, the abdomen was reduced to the natural size, the discharge continued for three weeks, and afterward she menstruated regularly until she became pregnant.

On the access of labour there was found an obstruction in the vagina, and on the 10th I was asked to see her. She had been for some hours in active labour. On examination, the vagina, within an inch of the external organs, was closed by a strong, somewhat yielding membrane. No perforation could be detected, though sought for. We decided to do nothing, but await the progress of the labour.

In four hours violent pain came on—the septum was distended, and protruded beyond the external organs. Under this tension three small holes were visible, just sufficient to admit the head of a probe, and about one-fourth of an inch apart. A bistoury was then introduced, and the three holes laid into one. The thickness of the septum was found to be about two lines. A gush of liquor amnii succeeded, and in half an hour the head came down, and the child was born living.

Coition had from the first been painful, and for the last two years excessively so. The husband had not been aware of any impediment until within the last two years. I presume, however, that the malformation was congenital.

May 27.—Granulated Liver, Jaundice, and Hemorrhage. Case reported by Dr. JACKSON.—The patient, a labouring Irishman, twenty-five years of age, entered the hospital on the 21st of May, and died in the course of the following night. For about a year his skin had been deeply yellow, and the urine, he said, looked like blood, his previous health having been good; dejections variable, but sometimes yellow. For about nine months he had frequently bled from the nose and gums, and often to the amount of a pint. Continued to work till seven weeks before admission; and had kept his bed for the last ten days, having had some cough, and pain in chest. When seen, his pulse was 84, quite irregular, and almost imperceptibly small; skin cool; general appearance of prostration, but much less than the pulse would indicate; some diarrhoea, but no other marked local symptom; no mention, no appearance, of dyspnoea.

On dissection, the tissues were found deeply coloured by bile; some serous effusion in the peritoneal and two pleural cavities, with oedema of surface; some effusion of blood in lower extremities, and beneath the peritoneum. The blood was so thin as to run like water from the veins when they were divided; but it was not very pale, though more so than usual; careful search was made for coagula in the cavities of the heart and large vessels, but scarcely a trace could be found. The cavity of the pericardium contained three pints of blood similar to that just described; and upon the surface of the heart was a deposit of fibrin, which was evidently the result of inflammation. The granulated structure of the liver was very strongly marked, and this organ, which was shown, was of a deep grass-green colour throughout—showing the inapplicability of the term cirrhosis. Spleen enlarged as it often is with this disease of the liver; weight fourteen ounces.

Dr. Jackson remarked upon the fluid state of the blood, and as a consequence, the frequent occurrence of hemorrhage, in cases of jaundice, whether disease of the liver existed or not; this change in the quality of the blood being probably due to the alkaline property of the bile. He also alluded to a case that he saw with Dr. Gordon a few months ago; the patient died from

hæmatemesis, having had jaundice for some weeks, with hemorrhage into the integuments, and from some of the internal organs.

June 10.—Hemorrhage from the Urethra. Case reported by Dr. RUSSELL.—The patient was a gentleman about the middle period of life, and the father of several children. Having been absent upon a journey for two or three days, he returned home late in the evening, and immediately after sexual intercourse the hemorrhage occurred, amounting to a pint, so far as could be estimated. The excitement was no more than usual, and he had never before experienced such an effect. For two or three days he was left quite feeble, but with no signs of local irritation.

June 24.—Tumour within the Orbit. Case reported by Dr. HOOPER.—A young man, twenty years of age, was first seen by Dr. H. last October. The left eye was then protruded apparently by a tumour behind it; the vision was scarcely impaired, and there was no pain except on taking cold. The protrusion began three years before after a severe cold, and increased gradually for eighteen months, but had been about stationary for the last six. In November, he left the Infirmary, not relieved; and on the 7th of last June was re-admitted. The eye was then enormously protruded, and there was added to this a mass of chemosis, which gave the patient a frightful appearance. There was also pain, with entire loss of vision. The organ having been removed, he was discharged on the 25th of June, doing well.

On examination, the eye itself appears sufficiently healthy. The tumour, which was situated deep in the orbit, and was divided by Dr. H. in removing the mass, is loosely connected with the globe of the eye, about equal in size to the globe itself, well defined, of rather a soft fleshy consistence, and presenting a uniform partially organized appearance; and on microscopical examination, proved to be malignant.

June 24.—Malignant Growth within the Globe of the Eye. Case reported by Dr. HOOPER.—Mrs. ——— æt. about thirty-five; woman of feeble health; married several years; has had no children; has suffered during the last two years from constant uneasiness and occasional severe pain in right eye. When first seen two years ago there was complete loss of vision, the sclerótica bulging out at the upper and inner part; injection of conjunctiva; cornea transparent. During the two years, pain has been severe at times, but relieved by leeches to temple, and by puncturing the globe at the place of protrusion; a straw-coloured fluid followed the puncture until within the last few weeks, when no fluid has escaped, and there has been no relief from the patient's suffering, which is excessive.

To-day, the patient being under the influence of sulphuric ether, I removed the eye. Very little hemorrhage occurred. No dressing but a compress wet in cold water laid on the eyelids *July 1.* The patient has been comfortable

ever since the operation; is now down stairs. *July 31.* Patient still doing well as far as the seat of disease in orbit is concerned, but has had some disease in the abdominal region.

On examination, the eye is moderately enlarged; the bulging above noticed being quite marked. Cavity of the sclerotic about two-thirds filled by a nearly uniform, whitish, soft solid, well-defined substance, which the microscope shows unequivocally to be carcinomatous. The remainder of the cavity is free; and the different tissues, where not involved in the disease, appear to be healthy. The sclerotic, also, so far as seen in a single incision appears healthy; and to some extent the choroid coat can be traced between it and the diseased mass.

June 24.—Dislocation of Femur reduced on Sixty-eighth day, by Jarvis' Surgical Adjuster. Case reported by Dr. JOSIAH CROSBY, of Manchester, N. H.—On the 16th of January, 1849, Mr. P. of W., N. H., aged fifty-six, muscular, weighing about 180 pounds, of intemperate habits, was thrown from a sleigh and dislocated the left hip. Six weeks passed before the nature of the injury was understood, and more than three weeks afterwards before any attempt was made to reduce it.

On the sixty-eighth day of the dislocation, I saw the patient for the first time—found him lying in bed with all the diagnostic signs of dislocation of the head of the femur upwards and backwards; limbs, below the natural temperature, purple, œdematous, and shortened from three to four inches. Although the case seemed almost hopeless, it was agreed that an effort at reduction should be made, and *Jarvis' Adjuster* was accordingly applied. Before extension was commenced, an attempt was made to bring the patient under the influence of chloroform, but it was soon abandoned on account of violent spasms which were produced by it, and the operation was done without the aid of this powerful agent. The extension was continued, gradually increasing the power, for nearly twenty-four hours, when by a little rotation of the limb, the head of the bone was brought into the socket with a snap audible to the bystanders.

The hand of an assistant was placed on the trochanter while flexion and slight rotation were given to the limb, to see if the leg would remain at full length and in the right position. Everything proving satisfactory, the patient was laid in bed, and a bandage applied about the hips to guard against accidents from motion.

Dr. C. remarked that in the report on Surgery to the National Medical Association for 1849, the chairman of that committee gives an unfavourable opinion for himself and Prof. Pope of the St. Louis University, in regard to the "Adjuster," but that no statistics were given on which this opinion is founded. He was of opinion that an instrument of so much power and of so varied application deserves a fair trial, and that by this test its character should be fixed.

July 8.—New Operation in cases of Effusion into the Cavity of the Chest.—

Dr. BOWDITCH regretted that the lateness of the hour would prevent him from giving a detailed account of some cases that he had seen, where very excellent results had followed upon the puncture of the chest in which large effusions existed. He would, however, show an instrument which he had had made after the model of one used by Dr. Morrill Wyman, of Cambridge. It consisted simply of a brass suction-pump, arranged without valves after the stop-cock fashion. There were two apertures, one for suction and the other for a discharge pipe, and by turning the piston pipe ninety degrees, one or the other of these apertures was opened. An exploring canula was arranged so as to fit tightly into the suction aperture; and having been introduced into the chest, the suction could be applied immediately, and all the fluid usually discharged, without any change of the apparatus, save the turning of the piston-pipe, above described, in order to discharge the fluid when the barrel was full.

Dr. B. had seen the operation performed five times during the last three months. All the patients were immediately more or less relieved, two had tubercles at the time, one of whom has since died. Two cases were perfectly successful, the patients being, at the time of the operation, very ill, with pulse over 120, night sweats, &c. One recently operated on with the greatest relief was still under treatment. Finally, he knew of one case treated by Dr. Wyman, who is now well, and who undoubtedly would have died had the operation not been performed.

The pain of this operation is, comparatively speaking, nothing, and the patients are generally not at all troubled by it. The wound, of course, closes instantly on the removal of the canula, and no air can enter the chest while the apparatus is in operation.

Dr. Bowditch concluded by remarking that operations had been done from time immemorial, upon the chest in cases of effusion, but he believed that they were generally considered as a last resort. In Guy's Hospital Reports, cases are given of the use of the trocar, but Dr. B. believed that to Dr. Wyman was due the credit of having first proposed the use of the *exploring canula with suction applied thereto*.

Dr. Bowditch has arrived at the following conclusions:—

1st. The operation is perfectly simple, but slightly painful, and can be done with ease upon any patient in however advanced a stage of disease.

2dly. It should be performed forthwith in *all* cases in which there is a complete filling up of one side of the chest.

3dly. Dr. B. had determined to use it in *any* case of even *moderate* effusion lasting more than a few weeks, and in which there should seem to be an indisposition to yield to the ordinary modes of treatment.

4thly. Dr. B. would urge the practice of puncturing in this way upon the medical profession as a *very important measure in practical medicine*; for he believed that, by this method, death may be frequently prevented from ensu-

ing either from sudden attacks of dyspnœa or subsequent phthisis, or, finally, as in two cases he had seen, from the gradual wearing out of the powers of life from inability to absorb the fluid, even when all the organs, save the pleura of the affected side, were healthy.

5thly. Dr. B. was likewise inclined to the belief that this operation if generally adopted would sometimes prevent the occurrence of those very tedious cases of spontaneous evacuation of purulent fluid, and those great contractions of the chest that occur after long-continued effusion and the subsequent discharge or absorption of a fluid.

July 22.—Contraction of the Fauces, the result of Old Ulceration.—Specimen sent to the Society by Dr. J. S. JONES, and exhibited by Dr. JACKSON, who gave the following history of the case.

The patient, an Irishwoman, aged 37 years, entered the Massachusetts General Hospital, on the seventh of June, with what appeared to be a syphilitic ulceration upon the leg; which having cicatrized, she was discharged on the 12th of July.

Five years ago, she was attacked with ulceration, which destroyed the greater part of the soft palate and tonsils; this having only recently cicatrized, and being still liable to break out. Denied any syphilitic taint, and could assign no cause for the disease; her health having previously been good. Appetite good, and she was well nourished; took solid food as well as liquid, and was no longer at the table than the other patients. Had no difficulty of deglutition, though she would sometimes choke when asleep. Breathing at all times somewhat laboured, and more or less stertorous; particularly on exertion. Voice sufficiently loud, and not hoarse, though hollow and peculiar; when about to speak, she would take in a full inspiration, and speak as long as she expired.

Patient died five or six days after leaving the hospital, in consequence of brutal treatment, which she had received from her husband; and, on dissection, there was found acute pneumonia, but no other disease except about the throat.

The contraction is such, that a large catheter would hardly pass from the mouth into the pharynx; the parts being thickened and condensed, but perfectly cicatrized. The remains of the soft palate on each side, and the whole of the epiglottis, so far as can be seen without cutting the stricture entirely through, are closely and strongly adherent to the base of the tongue. The rima glottidis also adheres extensively to the pharynx; and what should be a mere indentation between the two lips of the glottis, has come, by the traction that has been exercised upon the parts, to be a long and deep fissure.

One other case of similar contraction of the fauces may be seen in the Cabinet of the Society.

July 22.—*Neuralgia of 18 years' standing cured by an operation.* Case reported by Dr. BUCKMINSTER BROWN.—Mrs. R. had suffered for eighteen years from pain and tenderness of the thumb of the left hand. She could not trace it to any injury. About a year previous to my seeing her, she had had a severe labour, and had miscarried at the eighth month. From that time, the pain and tenderness had increased to an alarming degree.

The tenderness of the part above the second joint was at this time exquisite, and the pain was extreme both night and day, with but rare and irregular intermissions. It commenced in the neighbourhood of the internal corner of the root of the nail, and extended up the side of the thumb, through the hand up the arm to the shoulder, and terminated in the back of the neck, and was reflected on to the breast. If the thumb received an accidental knock, the whole arm would be convulsed, and the pain become so intense as to produce faintness. During these paroxysms, she described the arm as assuming a blue appearance.

On examining the thumb, I found it somewhat swollen, and a slight degree of blueness around and beneath the nail, and that in addition to the excessive tenderness of the thumb, there was a considerable degree of soreness along the course of the median nerve. There was no marked tenderness of any of the dorsal or cervical vertebræ. Thinking, however, that it was possible the difficulty arose from some irritation or inflammation about the roots of the nerves, the treatment was commenced by applying a blister to the spine, at the point indicated. This was kept open with an irritating ointment, and sprinkled every second night with sulph. morph., and a cathartic was given every second day. About the same time, she took carb. ferri two or three times a-day.

For two or three days after commencing this treatment, the pain in the arm was increased. Antimonial ointment was rubbed along the course of the nerve. The tenderness in the arm gradually decreased, but continued about the same in the thumb. Leeches were now applied to the dorsal region which afforded very considerable temporary relief.

The pain and tenderness, however, returning to its fullest extent, a blister was applied to the thumb itself, entirely enveloping it, and this when dressed, was sprinkled with morphia. A small abscess formed on one side of the thumb; this was opened and touched on its internal surface with lunar caustic.

The thumb was now decidedly less sensitive. During treatment, she took extract of conium, in gradually increasing doses, but without any essential improvement in the symptoms. As the dead skin peeled off, and the new formed, the sensitiveness returned, and the pain became as severe as ever.

As the list of remedies from which I thought there was any chance of deriving benefit was now about exhausted, I decided to excise a portion of the internal digital nerve of the thumb, as it was in the ramifications of this nerve around the root of the nail and side of the thumb that the disease

appeared to be seated. This was done December 18th, with the assistance of Drs. J. M. Warren and Morland.

The patient being etherized, an incision was made from the internal metatarsal head of the first phalanx of the thumb, to the internal tuberosity of the phalanx, about one inch and a third in length. A dissection was then made to the bone, and without much difficulty the nerve was seized, and a piece about one inch and one-third in length was removed. The thumb had always been so exquisitely sensitive that I had never been able to make a satisfactory examination until she was under the influence of ether. The next day, the extremity of the thumb was still very painful and sensitive; but there was no pain or tenderness below the place operated upon, or down that side of the thumb, which before had been the spot the most painful and susceptible. So far as this branch was concerned, the operation was of course successful. The relief, however, was not so complete as had been hoped, and a considerable degree of pain and susceptibility still continuing through the winter, another operation was decided upon. The patient being again etherized, a puncture was made above the most sensitive spot just clearing the joint. A long thin knife was then introduced anteriorly and posteriorly, and all the parts from the skin to the bone thoroughly divided; thus semi-girdling the thumb, another puncture was made on the other side, and the same operation repeated.

March 13th. The last operation has been attended with complete success. The extremity of the thumb below the incision, that is, below the second joint, is perfectly numb, and there is no pain in the thumb or hand.

April 16th. Mrs. R. has had no return of pain in the thumb or hand, and all that remains to remind her of eighteen years of suffering is a slight shooting pain across the chest at distant intervals, on exposure to cold, &c.

A case somewhat similar to the above is on record, in which the disease was also in the thumb, and was the consequence of a puncture from a shoemaker's awl. In this case, the diseased nerve was cut down upon, and a small tubercle (neuroma) was found and removed with the nerve, to which it was attached, and of which it formed a part. The operation was attended with success. In the case above related, no tubercle was discovered. Previous to the last-mentioned operation upon Mrs. R., I was not aware that this method of operating, by destroying all the nerves that go to a part, had ever been followed. I have since learned that Dr. J. C. Warren had many years before operated in a similar manner, and with a like successful result.